



## Behavioral Interventions and Neuroticism in Young Adulthood

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### ABSTRACT

*The present study is an attempt to examine the effect of behavioral interventions to manage neuroticism in a select community sample of 40 men and women in the age groups of 35-45 years. Eysenck personality scale was administered to assess levels of Neuroticism. A select sample (N=40) with mild levels of neuroticism was subjected to cognitive behavior therapy with an objective to correct people's misconceptions, to strengthen their coping skills and feelings of control over their own lives and facilitate constructive self-talk. The efficacy of CBT in the reduction of Neuroticism levels through pre and post test design found to be effective.*

### KEYWORDS:

A paradigm shift in Psychology towards a cognitive direction, emphasized that thought processes were frequently as important as environmental influence. As a consequence, interventions were developed to modify cognitions that contribute to maladaptive behavior. Dobson (1989) suggested that cognitive therapy is at least as powerful and perhaps more effective than behavior therapy, pharmacotherapy, and other psychotherapies. Chambless and Gills (1993) examined a series of studies of Cognitive and Behavioral treatments for Generalized Anxiety Disorder (Barlow & Lehman, 1996; Mohlman et al., 2003; Stanley, Beck, & Glassco, 1996; Wetherell, Gatz & Craske, 2003). These studies adopted a variety of cognitive behavioral techniques including Cognitive restructuring of "worry" thoughts, progressive relaxation training, and positive self-talk. Results indicated that cognitive behavior therapy had a considerable impact on decreasing anxiety and worry.

Jacobson et al., (1996) studied a component analysis of Cognitive – behavioral treatment for depressed. Beck, Rush, Shaw and Emery (1979) explained the efficacy of cognitive behavior therapy for depression, worry, a treatment that included both behavioural activation and the teaching of skills to modify automatic thoughts but excluding the components of cognitive behavioral therapy, focused on central schema; Further evidence supports that both behavior activation and automatic thoughts treatments were just as effective as cognitive behavior therapy at altering negative thinking as well as dysfunctional attributional styles (Beck et al., 1979).

In a cognitive model of Generalized Anxiety Disorder (GAD), Wells (1995) proposed that pathological worry is maintained by maladaptive meta cognitions (negative beliefs about worry concerning uncontrollability and danger) and negative appraisal of worrying [meta worry] and linked behaviors (Wells & Carter, 2001). Persons with GAD were compared with sex-matched groups (social phobia, panic disorder and non-patients) on measures of negative meta cognitions and worry, found that clients with high GAD obtained higher negative meta cognitive belief scores and higher meta worry. It suggests that differences in negative meta cognitions are independent of general frequency of worry (Norton & Price, 2007).

Computer – Assisted Cognitive Behavioral group therapy appeared to be equally effective in reducing symptoms and improving behaviors associated with social phobia (Gruber et al., 2001; Covin et al., 2008; Storch et al., 2010)

Butler (1993) and Butler and Anastasiades (1988) reported better outcome for less anxious and more depressed patients in behavior therapy and CBT. Wetherell et al., (2005) represents a pooled analysis of data from three recent trials of CBT for GAD in older People. A positive relation to treatment has observed. The aforementioned review of some relevant studies showed that Cognitive Behavior therapy was found to be effective in reducing different types of neurotic behavior. Due to paucity of studies on Indian young adults, the present study has been contemplated with the following objective:

- (i) To examine the effect of Cognitive Behavior Therapy in the reduction of Neuroticism and to strengthen their coping skills and improve feelings of control over their own lives..

### Sample, method and tools used:

The total sample for the study was 40 men and women with moderate levels of Neuroticism in the age group of 35-45 years from a sample 220 adults living in Chittoor and Nellore districts of Andhra Pradesh. The sample covered some occupational groups viz., School teachers, college teachers, and other administrative staff.

These 40 subjects were randomly divided into two groups. One group was treated as Experimental group (N=20) which was subjected to intervention programme for four weeks (8hrs per week) with follow up and the other was treated as Control group (N=20) which was not exposed to any intervention.

### Tools used

The sample characteristics were gathered through a Personal Data Form and a standardized Neuroticism Scale (Gayathri, 2010) was administered to assess the levels in different facets of Neuroticism viz., anxiety, depression, phobia, obsessive -compulsiveness, conversion, somatoform manifestation.

### Cognitive Behavior Therapy administration:

In the cognitive behavior Intervention phase, the subject is systematically made to become aware of thoughts, beliefs and related situations and emotions. The subject is made to rationally identify the inaccuracies in thinking associated with the problem in question and made to challenge them. The subject is made to change the thoughts and beliefs suitably and as needed (cognitive restructuring). The exercise was repeated until the behavior in question is replaced / extinguished on an average the intervention was carried out in about four weeks (8hrs per week).

### Results pertaining to Effect of CBT :

Contribution of CBT in reducing neuroticism was examined. The base line total score in neuroticism was considered as pre test score for control group and experimental group. The neuroticism score was post assessed for intervention group and also for the control group after the intervention period (4 weeks) was over. The evaluation of efficacy of intervention was tested by comparing the pre and post scores of neuroticism and the results were presented in the Table.1.

**Table 1. Pre and post test scores of Neuroticism in CBT Treatment Group and Control group.**

	Experimental Group (EG) Mean (SD)	Control group (CG) Mean (SD)
Pre	78.2 (4.32)	78.2 (4.32)
Post	62.8 (3.58)	75.2 (3.27)
Mean difference	15.4	3.0
t' value	8.36** (**Significant @ 0.01)	1.38@ (@not significant)

The results (Table 1) obtained in pre and post test by the subjects who were subjected to treatment and who were not subjected to treatment indicate that there is a significant reduction of neuroticism in experimental group after CBT. The magnitude of difference between pre and post intervention, suggest that CB intervention was found to be effective in the subject of experimental group.

As reported by Hooke et al., (2002) efficacy of CBT and treatment outcomes was reported successful in the reduction of anxiety, depression and stress, in pre and post treatment sessions (Hooke & Page, 2002; Critis – Christoph, 2002; Borkovec et al., 2002). The above observation holds true with the present study results on neuroticism.

The above observations in the present study strongly recommend the role of CBT in the reduction of neuroticism which is a combination measure of facets of anxiety, depression, obsessive – compulsive, phobic conditions, and conversion and somatoform behaviors. The future research need to be planned to administer interventional methods by taking individuals with moderate and high neuroticism levels and also covering cross – sectional sample of adolescents, young adults and older adults to understand when and in which age group it is most effective. To generalize the findings of the present study on the effect of Cognitive behavior therapy, a longer intervention on larger sample are needed to understand the sustainability of the effect of CBT in the reduction of neuroticism.

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